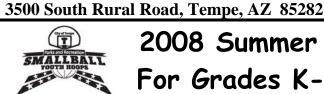
Parks and Recreation

1 City of Tempe



2008 Summer Small Ball Hoops For Grades K-4 Sessions 1 & 2





- Introduction to Basketball that will teach the basics of shooting, ball handling, defense and passing.
- During week 1 teams will be formed. The 1 hour sessions will be split by a practice and then a game.
 - Registration is limited to 40 participants per hour, per site.
- **Session 1** begins Monday, June 2nd and concludes on Thursday, June 26th.
- Session 2 begins Monday, July 7th and concludes on Thursday, July 31st.
- Parents will select the time and session they want their child to play.
- Games will be played at a local Tempe school on lowered baskets.



Session 1			
12915	Boys/Girls	Gr. K - 2	M/W 6:00 to 7:00 pm @ Fees Middle School
12916	Boys/Girls	Gr. K - 2	T/TH 6:00 to 7:00 pm @ Fees Middle School
12917	Boys	Gr. 3 & 4	T/TH 7:00 to 8:00 pm @ Fees Middle School
12918	Girls	Gr. 3 & 4	M/W 7:00 to 8:00 pm @ Fees Middle School
Session 2			
12919	Boys/Girls	Gr. K - 2	M/W 6:00 to 7:00 pm @ Fees Middle School
12920	Boys/Girls	Gr. K - 2	T/TH 6:00 to 7:00 pm @ Fees Middle School
12932	Boys	Gr. 3 & 4	T/TH 7:00 to 8:00 pm @ Fees Middle School
12933	Girls	Gr. 3 & 4	M/W 7:00 to 8:00 pm @ Fees Middle School

Fee: \$65.00

FEE ASSISTANCE AVAILABLE

Easy to Register!

Mail-In or Drop-Off Monday-Friday, 8 AM-5 PM (Deadline: Session 1-June 2nd / Session 2-July 7th)

FAX: 480-350-5058 (Debit or Credit payment only),

ON-LINE: www.tempe.gov/sports (Debit or Credit payment only)

*Photos may be taken during games for use and ownership of City of Tempe

Small Ball Hoops	Regist	ratio	n For	m				Su	ımmer	2008	
Participant Name:			Date of Birth				Age		Sex		
Address:				APT#					Zip		
Phone: Eve I	ne: <u>Eve</u> <u>Day</u>				School			Grade (In Fall)			
Parent's Name:	nrent's Name:				Email			Previous Experience			
Please Circle One:	12915	12916	12917	12918	12919	12920	12932	12933			
With knowledge and appreciation of the risk of injury, I wish to participate in this Activity. I agree to assume the risk of personal injury while participating. I understand the City of Tempe does not carry accident, sickness, or medical insurance for participants. I understand that all reasonable efforts will be extended to insure my health and safety. If the Class/Activity includes any physical exertion, I agree to perform the exercise at my own ability level. I fully understand the nature of this Class/Activity, and I waive and release and hold harmless the City of Tempe and any of its agents, employees, officers, council members, and sponsors for any and all rights and claims for damages or costs I may have against the City of Tempe, its agents, employees, officers, council members, and sponsors for personal injury, death, or property damage suffered by me, or that I may cause to others, as a result of my participation in this Class/Activity. I agree to look to my private physician for medical advice and care and to notify my teacher or instructor of any physical limitations I might have or modifications I might need to the Class/Activity. I will require the following accommodation to participate:											
I have read and clearly understand Liability. I sign it of my own free		atements.	I realize th	11s 1s a cor /	itract betw	een myseli	and the C	ity of Ten	npe and is a re	elease of	
REQUIRED: Parent or Legal Guardian Signature AND Printed Name								D	ate		
Fee: \$		Credit	Card N	umber _		•			Exp. Da	ate:	

Enclosed Check # OR Signature Authorizing Charge to above number